## **BRUNSWICK COUNTY PARKS AND RECREATION**

## ADULT CO-REC. KICKBALL LEAGUE REGISTRATION FORM

TEAM NAME:	
TEAM MANAGER:	DAY PHONE:
MAILING ADDRESS:	ZIP:
OTHER CONTACT:	DAY PHONE:
MAILING ADDRESS:	ZIP:
<u>Have fun w</u>	ith your team name!
Please provide any additional comments you ma	ay have.
	ROSTER CHANGES MAY ONLY BE MADE DURING THE CHANGES ARE MADE, PLEASE INFORM THE PARK 0) 253-2676.

## BRUNSWICK COUNTY PARKS AND RECREATION

## ADULT CO-REC. KICKBALL LEAGUE - ROSTER/WAIVER

Team Name:	
Managers Name:	
I, by signing below, am aware that, as in any sport, there an athletic activity or event. I agree to participate in this event and agree that the Brunswick County Parks & Rec Program Manager, County Park, the Brunswick Count I medical, dental, or other expenses incurred as a result of this activity or event.	s Brunswick County Parks & Recreational activity or creation Department, the Director(s) of the program, Park Board and other participants will not be liable for
Please Print Players' First and Last Name	Players' Signature